

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155557	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  05/23/2013
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NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1651 N CAMPBELL ST INDIANAPOLIS, IN 46218
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K010000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 05/23/13</p> <p>Facility Number: 000500 Provider Number: 155557 AIM Number: 100266220</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Miller's Merry Manor was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility with a two story center section and two one story wings was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility</p>	K010000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>has battery operated smoke detectors in all 60 resident rooms. The facility has a capacity of 114 and had a census of 79 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached building providing storage services which was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/29/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010025 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 ceiling smoke barriers was maintained to provide at least a one half hour fire resistance rating. This deficient practice could affect 20 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor during a tour of the facility from 12:40 p.m. to 3:10 p.m. on 05/23/13, the following was noted:</p> <p>a. the one half inch annular space surrounding two, four inch in diameter plastic pipes which protruded through the North Mechanical Room suspended ceiling was not smoke resistant. In addition, a one foot by eight inch hole in the ceiling above the suspended ceiling through which the aforementioned pipes passed and exposing the attic above did not maintain a one half hour fire</p>	K010025	<p>K025 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>This deficient practice has the potential to affect residents, staff, and visitors.</p> <p>To correct this deficient practice, this facility will do the following:</p> <ul style="list-style-type: none"> <li>· The one half inch annular space surrounding two, four inch in diameter plastic pipes which protruded through the North Mechanical Room suspended ceiling will be made smoke resistant with the addition of collar rings around the plastic pipes.</li> <li>· The one foot by eight inch hole in the ceiling above the suspended ceiling through which the two pipes pass into the attic above will be made smoke resistant by the addition of collar rings around the plastic pipes.</li> </ul>	06/15/2013			

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	<p>resistance. One natural gas fired water heater is installed in the North Mechanical Room.</p> <p>b. the one inch annular space surrounding three, eight inch in diameter dryer ducts which protruded through the laundry room suspended ceiling and into the attic did not maintain a one half hour fire resistance.</p> <p>Based on interview at the time of the observations, the Maintenance Supervisor acknowledged the aforementioned openings would not maintain the half hour fire resistance of the smoke barrier.</p> <p>3.1-19(b)</p>		<p>The one inch annular space surrounding three, eight inch in diameter dryer ducts which protrude through the laundry room suspended ceiling and into the attic will be made smoke resistant by the addition of collar rings around the dryer ducts.</p> <p>To prevent recurrence of this deficient practice, the Maintenance Director will continue to make daily (M-F) rounds in the facility, looking for other gaps in duct work or pipes (Attachment A). This QA tool will be utilized daily (M-F) X 1 week, weekly X 4, monthly X3, and quarterly X2.</p> <p>These corrections will be completed by 6/15/13.</p>	

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K010029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure 5 of 5 openings through the ceiling into the attic were maintained to provide a smoke resistant partition. This deficient practice could affect 20 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor during a tour of the facility from 12:40 p.m. to 3:10 p.m. on 05/23/13, the following was noted:</p> <p>a. the one half inch annular space surrounding two, four inch in diameter plastic pipes which protruded through the North Mechanical Room suspended ceiling was not smoke resistant. In addition, a one foot by eight inch hole in the ceiling above the suspended ceiling through which the aforementioned pipes passed exposing the attic. One natural</p>	K010029	<p>K025 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>This deficient practice has the potential to affect residents, staff, and visitors.</p> <p>To correct this deficient practice, this facility will do the following:</p> <ul style="list-style-type: none"> <li>· The one half inch annular space surrounding two, four inch in diameter plastic pipes which protruded through the North Mechanical Room suspended ceiling will be made smoke resistant with the addition of collar rings around the plastic pipes.</li> <li>· The one foot by eight inch hole in the ceiling above the suspended ceiling through which the two pipes pass into the attic above will be made smoke resistant by the addition of collar rings around the</li> </ul>	06/15/2013
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	<p>gas fired water heater is installed in the North Mechanical Room.</p> <p>b. the one inch annular space surrounding three, eight inch in diameter dryer ducts which protruded through the laundry room suspended ceiling was not smoke resistant. Based on interview at the time of the observations, the Maintenance Supervisor acknowledged the aforementioned openings were not smoke resistant.</p> <p>3.1-19(b)</p>		<p>plastic pipes.</p> <p>The one inch annular space surrounding three, eight inch in diameter dryer ducts which protrude through the laundry room suspended ceiling and into the attic will be made smoke resistant by the addition of collar rings around the dryer ducts.</p> <p>To prevent recurrence of this deficient practice, the Maintenance Director will continue to make daily (M-F) rounds in the facility, looking for other gaps in duct work or pipes (Attachment A). This QA tool will be utilized daily (M-F) X 1 week, weekly X 4, monthly X3, and quarterly X2.</p> <p>These corrections will be completed by 6/15/13.</p>	

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K010052 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 Based on record review, observation and interview; the facility failed to ensure 4 of 4 duct smoke detectors are maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. NFPA 72, at 7-3.2.1 states, Detector sensitivity shall be checked within one year after installation and every alternative year thereafter. After the second required calibration test, if sensitivity tests indicate the detectors have remained within their listed and marked sensitivity ranges, the length of time between calibration tests may be extended to a maximum of five years. If the frequency is extended, records of detector caused nuisance alarms shall be maintained. In zones or areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. To ensure each smoke detector is within its listed and marked sensitivity range it shall be tested using the following methods: (1) Calibrated test method. (2) Manufacturer's calibrated sensitivity test instrument.</p>	K010052	<p>K052 NFPA 101 LIFE SAFETY CODE STANDARD  This deficient practice has the potential to affect residents, staff, and visitors.  To correct this deficient practice, this facility did the following:  · SafeCare provided sensitivity testing on two duct smoke detectors, with results of "Pass" on 5/29/13 (Attachment B – Sensitivity Test and Inspection Report).  · Two duct smoke detectors that were listed on SafeCare's Sensitivity and Inspection report on 8/23/12 were removed previously and are no longer in existence. These two duct detectors have been removed from SafeCare's Sensitivity Test and Inspection Report.  These corrections were made on 5/29/13.  To prevent recurrence of this deficiency SafeCare will make annual</p>	05/29/2013			

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	<p>(3) Listed control equipment arranged for the purpose.</p> <p>(4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its acceptable sensitivity range.</p> <p>(5) Other calibrated sensitivity test method acceptable to the authority having jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or replaced.</p> <p>The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of aerosol into the detector. NFPA 72, 7-5.2 requires inspection, testing and maintenance reports be provided for the owner or a designated representative. It shall be the responsibility of the owner to maintain these records for the life of the system and to keep them available for examination by the authority having jurisdiction.</p> <p>This deficient practice affects all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of SafeCare "Sensitivity Test and Inspection Report" documentation dated 08/23/12 with the</p>		<p>inspections of all smoke detectors, including sensitivity testing and the Maintenance Director will check the annual inspection to ensure that sensitivity testing has been completed on all smoke detectors.</p>				

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	<p>Maintenance Supervisor during record review from 9:15 a.m. to 11:15 a.m. on 05/23/13, sensitivity testing documentation for the four duct smoke detectors was not available for review. The aforementioned documentation stated "NA" as the "Measured Setting" sensitivity testing results for each of the four duct detectors. Based on observation with the Maintenance Supervisor during a tour of the facility from 11:15 a.m. to 12:00 p.m. on 05/23/13, duct smoke detectors were observed in the attic. Based on interview at the time of record review, the Maintenance Supervisor stated no other sensitivity testing documentation for the duct smoke detectors was available for review and acknowledged smoke detector sensitivity testing of duct smoke detectors was not available for review.</p> <p>3.1-19(b)</p>				

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K010062 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to provide a complete supply of spare sprinklers for 1 of 1 automatic sprinkler systems in accordance with NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Section 2-4.1.4 requires a supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. This deficient practice could affect all residents, staff and visitors if the sprinkler system had to be shut down because a proper sprinkler wasn't available as a replacement.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor during a tour of the facility from 11:15 a.m. to 12:00 p.m. on 05/23/13, one white color coded</p>	K010062	<p>K062 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>This deficient practice has the potential to affect residents, staff, and visitors.</p> <p>To correct this deficient practice, this facility did the following:</p> <ul style="list-style-type: none"> <li>On 5/24/13, SafeCare added one white color coded spare sprinkler head to the spare sprinkler cabinet (Attachment C) .</li> </ul> <p>To prevent recurrence of this deficiency: SafeCare will preform quarterly sprinkler system inspections; the Maintenance Director will review SafeCare's quarterly inspections to ensure that spare sprinklers are maintained (Attachment D).</p> <p>These correction were made on 5/24/13.</p>	05/24/2013			

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	<p>upright spare sprinkler was located in the spare sprinkler cabinet in the sprinkler riser room. White color coded upright sprinkler heads were observed installed throughout the attic of the facility. Based on interview at the time of observation, the Maintenance Supervisor acknowledged only one white color coded upright spare sprinkler was located on the premises in the spare sprinkler cabinet.</p> <p>3.1-19(b)</p>				

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K010144 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on record review and interview, the facility failed to ensure a monthly load test for the emergency generator was conducted for 1 of 12 months using one of the three following methods: under operating temperature conditions, at not less than 30% of the Emergency Power Supply (EPS) nameplate rating, or loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of generators serving the emergency electrical system to be in accordance with NFPA 110. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>a. Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating.</p> <p>b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>The date and time of day for required testing shall be decided by the owner, based on facility operations. NFPA 99, 3-5.4.2 requires a written record of</p>	K010144	<p>K144 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>This deficient practice has the potential to affect residents, staff, and visitors.</p> <p>To correct this deficient practice, this facility did the following:</p> <ul style="list-style-type: none"> <li>The facility ran load tests in 3/13, 4/13, 5/13 that complied with the monthly load tests.</li> </ul> <p>To prevent recurrence of this deficiency: the Maintenance Director will continue to conduct monthly load tests for the generator (Attachment E). Any test that does not run for a minimum of 30 minutes under operating temperature conditions, at not less than 30% of the EPS nameplate rating will continue being tested until it reaches 30%.</p> <p>These corrections will be in place by 6/13/13.</p>	06/13/2013

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	<p>inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Emergency Generator Underload Exercise" documentation with the Maintenance Supervisor during record review from 9:15 a.m. to 11:15 a.m. on 05/23/13, documentation for the monthly load test conducted on 02/27/13 stated 14.13 kW as the result for the one hour load test of the 60kW emergency generator. The aforementioned load test documentation did not indicate if the emergency generator ran under operating temperature conditions or loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>Based on interview at the time of record review, the Maintenance Supervisor acknowledged documentation for the 02/27/13 monthly load test did not indicate the emergency generator ran for a minimum of 30 minutes under operating temperature conditions, at not less than 30% of the EPS nameplate rating, or loading that maintains the minimum exhaust gas temperatures as</p>			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
K010160 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD All existing elevators, having a travel distance of 25 ft. or more above or below the level that best serves the needs of emergency personnel for fire fighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. 19.5.3, 9.4.3.2</p> <p>Based on observation, record review and interview; the facility failed to ensure the elevator equipment in 1 of 1 elevator equipment rooms was provided with a shunt trip. ASME/ANSI A17.1 permits sprinklers in elevator machine rooms when there is a means for disconnecting the main power supply to the affected elevator automatically upon or prior to the application of water from the sprinkler located in the elevator machine room. This deficient practice could affect five staff and visitors in the elevator if the sprinkler system was activated in the elevator equipment room.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor during a tour of the facility from 12:40 p.m. to 3:10 p.m. on 05/23/13, the elevator machine room was provided with sprinkler protection. Based on interview at the time of observation, the Maintenance Supervisor stated a shunt trip which is designed to</p>	K010160	<p>K160 NFPA 101 LIFE SAFETY CODE STANDARD This deficient practice has the potential to affect residents, staff, and visitors. To correct this deficient practice, this facility:</p> <ul style="list-style-type: none"> <li>· On March 20, 2013 the facility received a quote from Safe Care for the electrical quote for the elevator shunt (Attachment F).</li> <li>· On June 4, 2013 Mid-America Elevator Company surveyed the elevator</li> <li>· On June 5, 2013 Mid-America provided this facility with a repair proposal (Attachment G).</li> <li>· Mid-America Elevator Company and SafeCare will install an elevator shunt trip within 60 days of the survey date.</li> </ul> <p>Due to the extent of this corrective action, an extension beyond the June 22, 2013 deadline for completion is needed. The completion date will be within 60 days of the survey, but beyond the June 22, 2013 deadline. The project will be completed by July 23, 2013. Before actual work can begin, Mid-America Elevator Company must obtain an "Alteration Permit". Work is</p>	07/23/2013			

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	<p>automatically disconnect power to the affected elevator has not been installed. Based on review of SafeCare "Electrical Quote" documentation dated 03/20/13 during record review from 9:15 a.m. to 11:15 a.m. on 05/23/13, the quote from the contractor stated "Scope of work: add heat detector in elevator equipment room and 125 amp shunt trip breaker in existing switchgear to shunt the elevator breaker. Wire to fire alarm panel via relay." Based on interview at the time of record review, the Maintenance Supervisor stated the facility has sought shunt trip installation quotes but acknowledged a shunt trip for the elevator equipment room has not been installed.</p> <p>3.1-19(b)</p>		still expected to be complete by July 23, 2013.		